



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Wallerstein et al.

Attorney Docket No.: XENOP004

Application No.: 09/955,005

Examiner: Mohammed A. Hasan

Filed: September 17, 2001

Group: 2873

Title: IMPROVED IMAGING LENS
ARRANGEMENT DESIGNED FOR LOW
LIGHT CONDITIONS

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on November 20, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed:

Natalie Morgan

Natalie Morgan

AMENDMENT A

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

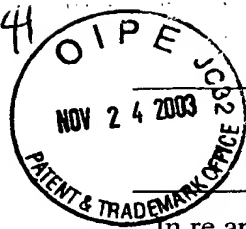
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Dear Sir:

It is respectfully submitted that the Examiner enters the following amendments in response to the Office Action dated 21 August 2003, a response to which is due on 21 November 2003.

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.



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Signed: Natalie Morgan
Natalie Morgan

AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	58	MINUS	58	0	x 9 =	x 18 = 0
Independent Claims	3	MINUS	3	0	x 43 =	x 86 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
Total					\$	\$0

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. XENOP004).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP
Mary R. Olynick
Mary R. Olynick
Reg. No. 42,963

P.O. Box 778
Berkeley, CA 94704-0778

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